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CONFIRMATION NO. 6475

Bib Data Sheet

SERIAL NUMBER 10/768,489	FILING DATE 01/30/2004 RULE	CLASS 800	GROUP ART UNIT 1638	ATTORNEY DOCKET NO. 1800
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APPLICANTS

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** CONTINUING DATA ***** *MAI None*

** FOREIGN APPLICATIONS ***** *MAI None*

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 ** 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS
 27310
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TITLE
 Soybean variety XB19U04

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)